

Entered - 07/23/01 - sb
CL01L0462 - DIANNE C. MITCHELL

01- R-1249

CLAIM OF: **ADRIENNE L. COLEMAN**
6040 Sweet Creek Road
Duluth, Georgia 30097

For damages alleged to have been sustained as a result of vehicular damage due to an unsecured metal plate at 3rd Street between Peachtree and West Peachtree Streets on June 3, 2001.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0462

Date: August 1, 2001

Claimant /Victim ADRIENNE L. COLEMAN

BY: (Atty)(Ins. Co.) _____

Address: 6040 Sweet Creek Road, Duluth, Georgia 30097

Subrogation: Claim for Property damage \$ 1,484.66 Bodily Injury \$ _____

Date of Notice: 07/09/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/03/01 Place: 3rd Street between Peachtree and West Peachtree Streets

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her vehicle was damaged when she drove over an unsecured metal plate that was partially covering a construction cut in the roadway. The investigation determined that the plate is the property of Georgia Power. The claim has been forwarded to the Georgia Power Company for handling and the claimant has been advised of this action.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-01-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 09 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: June 20, 2001

ENTERED - 7-23-01 - SB
01L0462 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$1,484.66 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: June 3, 2001 2. Time of Incident: 3:45 pm 3. Police called: Yes ☒ No
(month/day/ year)

4. Location of incident (including street address): 3rd Street between Peachtree & West Peachtree

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: Our car ran over a giant hole in the street that was only partially covered by a steel plate. After driving a few miles, the front tire came off wheel. Damage to two tires & wheels. we are fortunate no one in car was seriously hurt.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo S80 1999 Robert L. Coleman
(Make) (Year) (Tag Number) (Driver's Name)

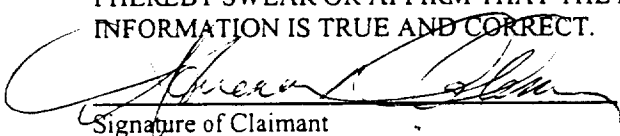
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.


Signature of Claimant

Adrienne L. Coleman
(Print Claimant's Name)

6040 Sweet Creek Road
(Address)

Duluth, Georgia 30097
(City, State and Zip Code)

770-495-6477
(Work Number) (Home Number)

01-R-1249